

<div style="display: flex; justify-content: space-between;"> <div> 2005 CBT-100S PAGE 1 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> BAR CODE AREA </div> <div> NEW JERSEY CORPORATION BUSINESS TAX RETURN For taxable years ending on or after July 31, 2005 through June 30, 2006 Taxable year beginning _____ and ending _____ <div style="text-align: right; color: red;">XXXX</div> </div> </div>																																																																																																																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Check if address change appears below. Federal Employer ID # _____ NJ Corporation # _____ Corporation Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Check if applicable: Initial return <input type="checkbox"/> Initial 1120-S <input type="checkbox"/> Inactive <input type="checkbox"/> </div> <div style="width: 45%;"> Date of NJ S Corporation election _____ State and date of incorporation _____ Date authorized to do business in NJ _____ Federal business activity code _____ Corporation books are in the care of _____ at _____ Telephone Number () _____ DIVISION USE: RP _____ NP _____ A _____ R _____ </div> </div>																																																																																																																																																																																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 60%;">Entire net income from Schedule A, line 44 (if a net loss, enter zero)</td> <td style="width: 5%;">1</td> <td style="width: 30%;"></td> </tr> <tr> <td>2</td> <td>Allocation factor from Schedule J, Part III, line 5. Non-allocating taxpayers should not make entry on line 2.</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>Allocated net income - Multiply line 1 by line 2. 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Non-allocating taxpayers enter amount from line 1.	3		4	Tax (see instruction 10 (a))	4		4a	Total nonoperational income (Attach Schedule O, Part I) (see instruction 33)	4a		4b	Tax Due (NJ Nexus) (Attach Schedule O, Part III) (Do not enter amount from line 4)	4b		5	Allocated Entire Net Income subject to Federal corporate income taxation from Schedule A, line 46 (if a net loss, enter zero)	5		6	Tax - Multiply line 5 by the applicable tax rate (see instruction 10 (b))	6		7	AMOUNT OF TAX (lines 4 plus 4 (b) plus 6)	7		8	Credit for taxes paid to other jurisdictions (see instruction 28 (a))	8		9	Subtract line 8 from line 7	9		10	Tax Credits (from Schedule A-3) (see instruction 17)	10		11	TOTAL TAX LIABILITY - line 9 minus line 10 (see instruction 10(d) for minimum tax)	11		12	INSTALLMENT PAYMENT (see instruction 43)	12		13	Key Corporation Throw Out Payment (Form 400)	13		14	Professional Corporation Fees (Schedule PC, line 5)	14		15	TOTAL TAX AND PROFESSIONAL CORPORATION FEES (Sum of lines 11, 12, 13 and 14)	15		16	Payments & Credits (see instruction 44)	16		16a	Payments made by Partnerships on behalf of taxpayer (attach copies of all NJ-K-1's)	16a		17	Balance of Tax Due - line 15 minus line 16 and 16 (a)	17		18	Pro Rata Share of S Corporation Income for nonconsenting shareholders (from Schedule K, Part VII, line 6, Column C)	18		19	Gross Income Tax paid on behalf of nonconsenting shareholders - Line 18 x .0897	19		20	Penalty and Interest Due - (see instructions 7 (f), and 45) Penalty _____ Interest _____	20		21	Total Balance Due - line 17 plus line 19 plus line 20	21		22	If line 16 plus 16 (a) is greater than line 15 plus 19 plus line 20, enter the amount of overpayment			23	Amount of line 22 to be Credited to 2006 return _____ Refunded _____		
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BAR CODE AREA

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ALL TAXPAYERS MUST COMPLETE THIS SCHEDULE

Name	Federal ID Number
SCHEDULE A	Computation of Entire Net Income (See Instruction 14)
1 Gross receipts or sales	1 Less returns and allowances
2 Cost of goods sold (Schedule A-2, line 8)	2
3 Gross profit - Subtract line 2 from line 1	3
4 Net gain (loss) from Form 4797 (attach Form 4797) (see instruction 14 (b))	4
5 Other income (loss) (attach schedule)	5
6 TOTAL INCOME (LOSS) - Combine lines 3 through 5.	6
7 Compensation of officers	7
8 Salaries and wages Less jobs credit	8
9 Repairs	9
10 Bad debts	10
11 Rents	11
12 Taxes	12
13 Interest	13
14a Depreciation	14a
14b Depreciation claimed on Schedule A-2 and elsewhere on return	14b
14c Subtract line 14b from line 14a	14c
15 Depletion (do not deduct oil and gas depletion)	15
16 Advertising	16
17 Pension, profit-sharing, etc., plans	17
18 Employee benefit programs	18
19 Other deductions (attach schedule)	19
20 Total deductions (add lines 7 through 19)	20
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6. (see instruction 14(a)(1))	21
22 (a) Gross income from all rental activities	22a
(b) Expenses related to the above rental activities (attach schedule)	22b
(c) Net income (loss) from all rental activities. Subtract line 22b from 22a	22c
23 Portfolio income (loss):	
(a) Interest income	23a
(b) Dividend income	23b
(c) Royalty income	23c
(d) Capital gain net income (attach Schedule D (Form 1120S))	23d
(e) Other portfolio income (loss) (attach schedule)	23e
24 Net gain (loss) under section 1231 (attach Federal Form 4797)	24
25 Other income (loss) (attach schedule)	25
26 Section 179 expense deduction (attach Federal Form 4562) (see instruction 14(c))	26
27 Deductions related to portfolio income (loss)	27
28 Other deductions (attach schedule)	28
29 Combine lines 21 through 28	29
30 Charitable contributions (limited to 10% of line 29)	30
31 Taxable income before net operating loss and special deductions. Subtract line 30 from line 29. (see instruction 14(a)(2) and (3)).	31

Name		Federal ID Number
SCHEDULE A		Computation of Entire Net Income (See Instruction 14)
32	Taxable income before net operating loss and special deductions from page 2, line 31	32
33	Interest on Federal, State, Municipal and other obligations not included above (see instruction 14 (d))	33
34	New Jersey State and other States income taxes deducted above (see instruction 14(e))	34
35	Taxes paid by the corporation on behalf of the shareholder (see instruction 14 (f))	35
36	Depreciation and other adjustments from Schedule S (see instruction 39)	36
37	(a) Deduction for IRC Section 78 Gross-up not deducted at line 41 below	37a
	(b) Other deductions and additions. Explain on separate rider (see instruction 14 (h))	37b
	(c) Related interest addback (Schedule G, Part I)	37c
	(d) Interest and intangibles expenses and costs addback (Schedule G, Part II)	37d
	(e) Domestic Production Activity Deduction from Form 501 (see instruction 14 (h))	37e
38	Entire net income before net operating loss deduction and dividend exclusion. Total of lines 32 through 37(e)	38
39	Net operating loss deduction from Form 500 (see instructions 14 (i) and 15)	39
40	Entire Net Income before dividend exclusion (line 38 minus line 39)	40
41	Dividend exclusion from Schedule R, line 7 (see instruction 14 (j))	41
42	ENTIRE NET INCOME (line 40 minus line 41) (see instruction 14(k))	42
43	Entire Net Income that is subject to Federal corporate income taxation (see instruction 14(l))	43
44	Entire Net Income that is not subject to Federal corporate income taxation (line 42 minus line 43. Carry to page 1, line 1)	44
45	Allocation Factor from Schedule J, Part III, line 5)	45
46	Allocated Entire Net Income that is subject to Federal corporate income taxation (line 43 multiplied by line 45. Carry to page 1, line 5)	46

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85																																																																																							
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SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER (See instructions 14(i) and 15)																																																																																							
Schedule A-1 has been replaced by Form 500. Net operating losses must be detailed on Form 500 which is available separately. To obtain this form and related information, refer to the index on page 13.																																																																																							
SCHEDULE A-2 COST OF GOODS SOLD (See instruction 16)																																																																																							
1		Inventory at beginning of year																																																										1																											
2		Purchases																																																										2																											
3		Cost of labor																																																										3																											
4		Additional section 263A costs																																																										4																											
5		Other costs (attach schedule)																																																										5																											
6		Total - Add lines 1 through 5																																																										6																											
7		Inventory at end of year																																																										7																											
8		Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, line 2)																																																										8																											
SCHEDULE A-3 SUMMARY OF TAX CREDITS (See instruction 17)																																																																																							
1		HMO Assistance Fund Tax Credit from Form 310																																																										1																											
2		New Jobs Investment Tax Credit from Form 304																																																										2																											
3		EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 OR b) Urban Enterprise Zone Investment Tax Credit from Form 301																																																										3																											
4		Redevelopment Authority Project Tax Credit from Form 302																																																										4																											
5		Recycling Equipment Tax Credit from Form 303																																																										5																											
6		Manufacturing Equipment and Employment Investment Tax Credit from Form 305																																																										6																											
7		Research and Development Tax Credit from Form 306																																																										7																											
8		Smart Moves for Business Programs Tax Credit from Form 307																																																										8																											
9		Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308																																																										9																											
10		Neighborhood Revitalization State Tax Credit from Form 311																																																										10																											
11		Effluent Equipment Tax Credit from Form 312																																																										11																											
12		Economic Recovery Tax Credit from Form 313																																																										12																											
13		Remediation Tax Credit from Form 314																																																										13																											
14		AMA Tax Credit from Form 315																																																										14																											
15		Other Tax Credits (see instruction 42(o))																																																										15																											
16		Total tax credits taken on this return. Add 1 through 15. Enter here and on page 1, line 10																																																										16																											

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**ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE
AND SUBMIT IT WITH THEIR CBT-100S TAX RETURN**

Name

Federal ID Number

SCHEDULE A-4 SUMMARY SCHEDULE (See instruction 18)**Net Operating Loss Deduction****and Carryover**

1 Form 500

1

6 Schedule J, Part III, line 2 (g)

6

7 Schedule J, Part III, line 2 (h)

7

Interest and Intangible Costs

8 Schedule J, Part III, line 2 (j)

8

and Expenses

9 Schedule J, Part III, line 3 (c)

9

2 Schedule G, Part I, line b

2

Non-operational Income Information

3 Schedule G, Part II, line b

3

10 Schedule O, Part III, line 31

10

Schedule J Information**Dividend Exclusion Information**

4 Schedule J, Part III, line 1 (c)

4

11 Schedule R, line 4

11

5 Schedule J, Part III, line 2 (f)

5

12 Schedule R, line 6

12